

REQUEST FOR VIDEOS

MAIL TO: Missouri Department of Health and Senior Services
Video Library
323 Veterans Lane
PO Box 570
Jefferson City MO 65102-0570


INSTRUCTIONS

- **TYPE or PRINT.** Please list the videos in order by showing date(s). Fill out the bottom of the form completely. Requester's signature is required. If you have any questions you may contact the Video Library at (573) 751-6048.
- **Submit the white and canary copy** to the above address or fax to (573) 751-1574 at least ten (10) days in advance of the date you plan to show the video. After we receive your request the canary copy will be sent back to you with a confirmation.

[illegible]

VIDEOS ARE OVERDUE IF NOT RETURNED IMMEDIATELY AFTER YOUR SHOWING DATE. VIDEOS MUST BE RETURNED BY INSURED MAIL. YOU ARE RESPONSIBLE FOR LOST OR DAMAGED GOODS.

PLEASE SEND VIDEO TO:

NAME		ORGANIZATION	
STREET ADDRESS (REQUIRED FOR DELIVERY PURPOSES)		P.O. BOX NO.	TELEPHONE NO. ()
CITY		STATE	ZIP
REQUESTER'S SIGNATURE 		DATE	THIS SPACE FOR OFFICE USE ONLY
REQUESTER'S COMMENTS:		DATE VERIFIED: _____ COMMENTS:	